MEN'S ISSUES IN TREATMENT:
A Relational Approach to Men's Treatment and Recovery

The purpose of this article is twofold. The first and overarching goal is to add to, and hopefully further, a growing and more deliberate dialogue about men's issues in addiction treatment and the recovery process. In response to this goal it would be reasonable to ask why question if men's issues are being adequately addressed in alcohol and other drug (AOD) treatment in the first place. Haven't men been the beneficiaries of treatment all of these years? The answer, quite simply, is: yes and no. While countless men have successfully walked the path of recovery and gone on to enjoy rich and full lives, too many stumble and become lost.

Until recently professionals have seldom questioned the efficacy of our traditional approaches toward AOD treatment. However, in the past several decades as women and other cultural and racial groups have entered the Western discourse of human experience questions and concerns about long held views and assumptions have arisen. This has resulted in transformational models responsive to a broader range of human psychological development and approaches to AOD treatment and leading some to ask, if the same theories, assumptions, and explanations, in fact, are truly representative of the male experience.

The authors acknowledge that they are not the only men (or women) concerned with or writing about this issue (Cunningham, 2004; Nelson, 2004). However, a simple search of literature (both academic and clinical) will demonstrate the incredible dearth of information and inquiry that has been carried out thus far on this topic. This article does not pretend to offer many, if any, answers and its aim is not to minimize current treatment efforts. It should also be mentioned that what is offered by way of a relational approach is based primarily on the experiences of white male heterosexuals in treatment; however, it is the intentions of the authors that this discussion ultimately be expanded to men of color and other socioeconomic realities and sexual orientations.

This then leads to the second purpose of this article, which is to suggest that current models of AOD treatment fall short in addressing the relational needs of men. Those specific needs include, but are not limited to, establishing a healthy sense of self outside of normative masculine scripts; dealing with the impact of abuse, violence and trauma that is so strongly linked with addiction; and addressing any social context and/or the consequences of political, social and economic power. In short, the authors propose that a theory-based relational model could offer a road map in assisting recovering men to discover a fuller experience of themselves and transform their experience of recovery.

USING A RELATIONAL APPROACH IN TREATMENT

The premise of this article is that the Relational Cultural Model espoused by such writers as, Miller, Jordan, Kaplan, Striver, Surrey, and Covington (1976, 1991, & 2000), with some adjustments, *is* a fitting theoretical model for men. Relational Cultural Theory,

which was developed at the Stone Center at Wellesley College, found its genesis as a response to understanding and conceptualizing women's psychological development. The resulting theory places emphasis on connection with others or "self in relation" and that psychological growth is the interplay of connection and disconnection. It places emphasis on the importance of mutual, growth-fostering relationship as the source of health and happiness and disconnection as the source of psychological problems. The theory recognizes that dominant culture through power, socialization, norms, and values plays a pivotal role in our ability to connect and stay in connection with each other.

In "Helping Women Recover", author Dr. Stephanie Covington (1999) has created a relational based curriculum designed for women entering treatment that is utilized by chemical dependency treatment and correctional facilities worldwide. Covington's work focuses on four areas essential to recovery: 1) Self, 2) Relationships, 3) Sexuality, and 4) Spirituality. (It should be noted that Dr. Covington (2003) has created a separate curriculum to address the significance of and work necessary to address the impact of trauma.) With Dr. Covington's permission, the authors offer a similar template incorporating the developmental differences inherent in men's psychological growth.

Introduction to a relation model for treatment

In a seminal paper, Dr. Stephen Bergman (1991) has addressed how the relational model applies to men. He counters that traditional male psychological models fail to capture the whole of men's experience neglecting to fully recognize the importance of mutual relationships and relational connection. Traditional theories support psychological growth as development of "Self" dependent on separation and individualization – self in comparison, competition, and power over others. Drawing on Relational Culture Theory, Bergman suggests that men, like women, experience a primary desire for connection with others, further adding that "the seeds of misery in men's lives are planted in disconnection from others" (p. 4). The significance of this concept is particularly evident when working with men with AOD addiction. As spelled out in the text of the Twelve Steps and Twelve Traditions, one of the primary texts for Alcoholics Anonymous, (1952): "But it is from our twisted relationships with family, friends, and society at large that many of us have suffered the most" (p. 53). After a person with AOD problems has achieved sobriety much of their recovery is contingent upon their ability to build relationship with self, other, and, in twelve step parlance, a higher power.[1]

Self

The "Self" viewed from a relational perspective must be placed in a psychological, social, political, and cultural context as these are the principal forces that shape the development of the self. As previously noted, male psychological development is deeply rooted in numerous myths and expectations. The vast majority of these are social constructions grounded in normative concepts of masculinity that may have served human beings at one time – but it seems erroneous to conclude that they continue to do

[1] While the authors recognize that there are many ways for an individual to recover from substance dependence much of the focus of this article is on the Minnesota Model of treatment and its similarities to and differences from the Relational Cultural model.

so. Much has changed in our society in the past 50 years. "Father Knows Best" is a distant memory and no longer represents the current reality of our world; it is even questionable the degree to which such a depiction was ever representative.

When men come into treatment they have a sense of who they are supposed to be as men. They have a good idea about how they should be acting as men – or at least how they think they should be acting. Men are trained through socialization at a very early age (Pollack, 1998) how to be men – just as women are trained and socialized how to be women. That training follows some specific scripts. They are well known. Nakken (1991) identified them as the "ten myths of manhood". Men need to be tough. Men are in control. Men can never be emotionally vulnerable. Men are disposable or not necessary due to the limited roles they play in the lives of their families. Men are team players. Men are competitive. Men do not share their inner lives with others. Men define themselves by what they do. Men are loners – John Wayne syndrome, ragged individualism. Lastly, and perhaps most significant, is the great lie that keeps men isolated from other men, women, and themselves. This is the idea that men do not know how to have relationships. It is this idea that says relationships are not really important to men – they are the domain of women. This idea has permeated not only the lives of men but also the thinking of men, the structures of western society, and the tenets of western psychological theory. Resultantly, relationships and relational concepts are disparaged as insignificant and secondary in most psychological and sociological theory when it comes to men's needs.

The cornerstone male identity lies with the role that power and privilege play in enforcing these myths. Understanding the dynamics of power, how it leads to "power over others" and potential disconnection from others is paramount for men who, for the most part, find themselves "disempowered" through their addiction to alcohol and other drugs (Nelson, 2004). This can be a troubling paradox leading to confusion and anger. Seeing themselves differently in relationship to power and how they have used or misused their power can be challenging for men at best. Nelson says, "When we men orient ourselves to the world hierarchically…we become chronically insecure and emotionally isolated" (83). For most men the power they have and the privilege it bestows them is often invisible (McIntosh, 1988). Along with power is the concern of male violence, which is seldom addressed in AOD treatment or is often masked as "anger management". There is a cost to having power which by its very nature leads to painful disconnection and therefore isolation. Helping men to begin the process of experientially developing a truer sense of self can mean placing them in a broader social context of relationship and this results in the experience of "power-with", a more feminine expression of power, exemplified in the community-based non-hierarchical setting of twelve-step meetings. Seeing oneself through the lens of others and listening to the stories of others as they discover who they are can provide a powerful awakening to self.

Others

Perhaps the crux of this article lies within the concept of the "other". In a relational model our lives as human beings, as social beings, are defined in relation to others. This is counter to traditional western psychological theory, which places emphasis on the

individuation of the self and the necessary moving away from others and into increased self-reliance. From a very early age men are socialized to separate from their caregivers and to become independent from others. Dependency is seen as weak and a character flaw, while women are encouraged to seek relationships to hold together the relational and emotional demands of the family. Thus boys turn to the father or male role model for guidance in their development. Unfortunately, often the adult male is the product of the same developmental path and unequipped to facilitate much relational support, or for that matter, connection with the young male. So the opportunities to garner relational skills are most often lost. We then find the young man as he grows, attempting to establish meaningful and intimate relationships devoid of the skills necessary to achieve such intimacy and, in all likelihood, feeling inadequate to the task. The outcome is what Bergman (1991) terms "Male Relational Dread."

In their extensive work with men and women Bergman and Surrey (1992 & 1998 Bergman published under pen name S. Shem) have used relational and gender dialogues to help couples move to deep and meaningful connection. They have unmasked how men experience, and are often overwhelmed by, a sense of dread when it comes to relationships. They describe this phenomenon as invisible to both the woman and the man.[2] It begins with the woman wanting to move toward a deeper connection seeking to understand more about the man, his feelings and emotions. The man, limited in relational expression, feels threatened, inadequate, and criticized and so he withdraws. This creates a relational impasse and disconnections and provides justification for, in the context of this article, increased alcohol and other drug use. Bergman commenting on "men who make it in AA (the authors would add twelve-step recovery in general) and the men who don't", says "when a men wants to use, and everything in his body and conditioning (psychological, including dread) tells him to withdraw and try to handle it himself, the ones who make it go against all of these powerful forces and move in the exact opposite direction." (Personal communication, May 1, 2006). Bergman and Surrey suggest that shedding light on this gender difference is the first step as it opens the door for continued dialogue and further opportunity for connection.

Sexuality

Men, like women, are sexual beings. This is a given. Nelson (2004) states that recovery for men is rooted in the body – returning to and honoring our bodies is "an important mark of recovery" (91). However, for the most part men's sexual issues are often not considered in men's treatment. The work of Covington (and others) has said- women are sexual beings and recognition of this fact is imperative to the recovery of women with alcohol and other drug problems. Many men define themselves by their sense of their sexual self. That sexual self is often limited to conquest, performance, and bravado. However, that is the surface of the story. Look underneath and one will inevitably see the myriad issues that women also confront as sexual beings: insecurity, sexual trauma, sexual confusion, body image issues, confusion about sexuality, and many others. However, very often there is a conspiracy of silence that keeps men from acknowledging

[2] This article refers to primarily heterosexual relationships. It is not the intent of the authors to discount homosexual relationships and the dynamics within those; however, it is not within the purview of this article to address the tensions between homosexuality and normative masculinity.

these issues in their lives, particularly because of how often they are relegated to the female experience. In addition, there are also those issues that are specific to men regarding sexuality. There is the common experience that persons early in recovery have with relationships, primarily addictive relationships, which replace the use of drugs and recreate the chaos of addiction. For many men this type of relationship is fueled by an unrestrained and misunderstood sexuality. Therefore, to not have awareness of sexuality as a core part of a man's treatment and recovery program is simply ignoring an integral part of not only a man's, but of human, experience.

Spirituality

Spirituality is defined in many ways. For the intentions of this article, spirituality is the recognition of a power greater than oneself and the ability to build relationship with the world outside of oneself. This does not mean "God" per se, but rather the realization that one is one being amongst many living in a sea of competing needs and desires and the all powerful "I" is not the most important interest that needs to be served. For many men, surrendering to their spiritual selves means admitting weakness or "powerlessness". Quite simply this can be defined as recognizing the need for help and seeking that help or support. The fear of admitting powerlessness is a practice that many men have inculcated into them at very early ages and through the rest of their lives. As men grow in recovery they find that personal growth and connection with others are inextricably linked; the degree to which men can build relationship with others and a "power greater than themselves" (merely the recognition that they do not have to live life alone) is the degree to which they experience the fullness of recovery in their lives.

Trauma

The relationship of trauma and AOD use is well supported (Herman, 1992; Harris and Fallot, 2001). SAMHSA reports that 75% percent of women and men in AOD treatment reported abuse and trauma histories (SAMHSA/CSAT). Up to one out of six men report having had unwanted direct sexual contact with an older person by the age of 16. These statistics are highly relevant when one considers that in many cases AOD use can be an individual's primary method of coping with untreated trauma. Sadly for many of those individuals entering AOD treatment the trauma is seldom assessed and is less likely to be treated (Harris & Fallot, 2001; Jennings, 2004)). Because alcohol and other drugs can be the main coping strategy for this person, AOD treatment that does not look at the potential impact of trauma on the individual man is insufficient and compromises the person's chance of achieving long term quality recovery. Many times the person suffering from undiagnosed (or unrecognized) trauma is often labeled resistant, chronic, or not amenable to treatment. It is only in recent years that trauma is being addressed as part of AOD treatment protocols. Once again it is the field of women's recovery that is breaking new ground (Najavits, 2002; Covington, 2003). Several models designed to meet the needs of women in treatment are being successfully utilized (Finkelstein, et. al., 2004). There is however, little research or movement in addressing and/or treating men with AOD addictions and trauma histories (Fallot, 2001).

Conclusion

Each person who comes into AOD treatment enters from a certain psychosocial perspective. That is, each person has their own sense of self and who they are when they begin their road to recovery. However, few men have a sense of whom they *really* are when they come into treatment. Covered by years of alcohol and other drug use, their true selves lie dormant waiting to be discovered or recovered. That process of recovery is one that looks different for each man; however, what clinicians must not do is limit what a man can discover in this process. So long as clinicians create a safe place for men they will find that what men carry with them, are able to talk about, and are able to learn is so much greater than our society's myopic understanding of men.

Obviously there is more research and study needed in the area of men's treatment for alcohol and other drug addiction. That should not prevent treatment professionals and others interested in this area from questioning how that service is being delivered. Are we meeting all the needs of men in treatment? The answer, unequivocally, is no. Can we do better? The answer, unequivocally, is yes. It is time. It is time to end the myth that the traditional "male" model is adequate for addressing the multifarious issues that men carry with them into the doors as they enter treatment. It is time for men to be given permission to be as fully human as they have been created to be and offer them the opportunity to loose themselves, once and for all, from the restrictive armor of masculinity from which they are dying to be freed.

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